

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NOVEL PSEUDOERYTHROMYCIN DERIVATIVES
Attorney Docket Number::	8012-1018
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: SATOSHI  
Middle Name::  
Family Name:: OMURA  
City of Residence:: TOKYO  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 9-1, SHIROKANE 5-CHOME, MINATO-KU

City of Mailing Address:: TOKYO  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 108-8642

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: YUZURU  
Middle Name::  
Family Name:: IWAI  
City of Residence:: TOKYO  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 9-1, SHIROKANE 5-CHOME, MINATO-KU

City of Mailing Address:: TOKYO  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 108-8642

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TOSHIAKI  
Middle Name::  
Family Name:: SUNAZUKA  
City of Residence:: TOKYO  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 9-1, SHIROKANE 5-CHOME, MINATO-KU

City of Mailing Address:: TOKYO  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 108-8642

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TOHRU  
Middle Name::  
Family Name:: NAGAMITSU  
City of Residence:: TOKYO  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing Address:: 9-1, SHIROKANE 5-CHOME, MINATO-KU

City of Mailing Address:: TOKYO  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 108-8642

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	PCT/JP00/05503	8/17/00	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::